

## SUPPLEMENT TO DIRECT HIRE APPLICATION

NAME: \_\_\_\_\_ APPLICATION NUMBER: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
POSITION NUMBER: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

1. Are you age 18 or over: Yes \_\_\_\_ No \_\_\_\_
2. Maine Driver's License class and number: \_\_\_\_\_
3. Does your license have any restrictions? Yes \_\_\_\_ No \_\_\_\_ (If yes, describe)  
\_\_\_\_\_
4. List the type of equipment you have operated and years of experience.

EQUIPMENT	FOR HOW LONG?

- |   |       |       |
|---|-------|-------|
|   | Yes   | No    |
| 5. I will work any hours or any time, and any day of the week including holidays as required of me.   | _____ | _____ |
| I can provide transportation to and from the place of work.   | _____ | _____ |
| I will accept temporary assignment statewide to maintain DOT efficiency.  | _____ | _____ |
| I will install a telephone at home, if required to do so.   | _____ | _____ |
| I understand that I may have a different Summer and Winter headquarters.  | _____ | _____ |
| I will take a State-paid medical examination and DOT operator's certification examination.  | _____ | _____ |
| I will wear a hard hat, safety shoes, vest and other safety items as required.  | _____ | _____ |
| I hereby certify that this supplement is true and complete to the best of my knowledge. I understand that for any mis-statements, I may be ineligible for employment; dismissed if already hired. | _____ | _____ |

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_